CITY OF HALLANDALE BEACH APPLICATION FORM

NO APPLICATIONS ARE AUTOMATICALLY SCHEDULED FOR <u>ANY</u> MEETINGS. APPLICATIONS MUST BE DETERMINED TO BE COMPLETE BY STAFF BEFORE ANY PROCESSING OCCURS.

PLEASE PRINT OR TYPE	
Date of Application:	
Name of Owner:	
Name of Applicant, if different from owner:	
Mailing Address:	
Telephone:	
Name of Authorized Representative, if different from applicant:	
Mailing Address:	
Telephone:	
Location of Subject Property:	
Folio Number:	
Legal Description:	
	: }
TYPE OF APPLICATION (Check the ones which apply to the request(s))	
REZONING FROM: District TO: District	
SIZE OF SUBJECT PROPERTY TO BE CONSIDERED FOR REZONING (acres)	
CONDITIONAL USE	
VARIANCE	
LAND USE PLAN AMENDMENT	
REDEVELOPMENT AREA MODIFICATION	
SPECIAL SIGN VARIANCE	
SI ECITE SIGN VIRENICETEXT CHANGES (CITY CODE)	
MINOR DEVELOPMENT (Less than ten (10) residential units or less than 4,000 sq. ft. gross floor area)	
Residential-Number of Units	
Commercial-Sq. Ft	
MAJOR DEVELOPMENT(Ten or more residential units or more than 4,000 square feet of gross floor area)	
Residential-Number of Units	
Commercial-Sq. Ft	
Platting or Replatting a Subdivision or portion thereof	
(Size of property acres)	
Other	
	-
	:
DRIFE DECORPTION OF DECUECE	
BRIEF DESCRIPTION OF REQUEST	

AUTHORIZED REPRESENTATIVE

State of Florida	
	By:
The foregoing instrument was acknowledged	By:(owner/agent signature*)
Before me this day of, 2	0
By (Name of person acknowledging)	(Joint owner signature)
Notary(Signature of Notary Public – State of Fl	
Personally know or Produced identification	
Type of identification produced:	or Driver's License

I/we are fully aware of the request being made to the City of Hallandale Beach. If I/we are unable to be

*If joint ownership, both parties must sign. If partnership, corporation or association, authorized officer must sign on behalf of the group. A notarized letter of authorization from the owner of record must accompany the application, if an authorized agent signs for the owner(s).